

Community Benefits Plan – Reporting Form
Pursuant to RSA 7:32-c-1

For Fiscal Year Beginning 1-1-2009 {NOTE FROM CTU: SHOULD BE 2010}

To be filed with:

Office of the Attorney General
Charitable Trusts Unit
33 Capital Street, Concord, NH 03301-6397
603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

ElderTrust of Florida, Inc.
Organization Name

62-1827400
Federal Tax Identification Number

1628 Breckenridge Drive, Murfreesboro, TN 37129

62-1827400
Federal Tax Identification Number

State Registration Number

Website Address:

Is the organization's community benefit plan on the organization's website? No

Has the organization filed its Community Benefits Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information form.

IF YES, has any of the initial filing information changed since the date submission? No

IF YES, please attach the updated information.

Chief Executive: William T. Richmond, President
1628 Breckenridge Drive
Murfreesboro, TN 37129
wtrichmond@comcast.net

Board Chair: N/A

Community Benefits

Contact Person: Sarah McEvoy, Administrator, 603-622-3262, villacrest@comcast.net

Is this report being filed on behalf of more than one health care charitable trust? No

IF YES, please complete a copy of this page for each individual organization included in this filing.

Section 2 – MISSION AND COMMUNITY SERVED

Mission statement:

ElderTrust of Florida, Inc. is committed to care delivery and community outreach that enhances the health, dignity, independence, and wholeness of those we serve and those in the community who might benefit from our services, through Integrity, Compassion, Advocacy, Resourcefulness, and Excellence.

Has the mission statement been reaffirmed in the past year (RSA 7:32e-I)? Yes, at the ElderTrust board meeting held on March 26, 2010.

Please describe the community served by the health care charitable trust. “Community may be defined as a geographic service area and/or a population segment.

ElderTrust serves residents in Hillsborough and Merrimack counties, primarily those residents age 65 or older with varying levels of health care needs.

Section 3: COMMUNITY NEEDS ASSESSMENT

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

ElderTrust conducted its original Community Needs Assessment in 2003 and completed and update in April 2006. The update included a review of data and literature from state, local and Federal sources. Two focus group sessions with community leaders were held.

Was the assessment conducted in conjunction with other health care charitable trusts in our community? Yes

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	611 – Respite Care
2	604 – Prescription Assistance
3	603 – Senior Services
4	530 – Fall Injuries
5	422 - Nutrition Education
6	350 - Chronic Disease Screening
7	363 – Influenza – Pneumonia
8	999 – Community Education
9	999 – Companionship
10	999 – Other

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	N/A
B	N/A
C	N/A
D	N/A
E	N/A
F	N/A
G	N/A

Please provide additional description or comments on community needs including description of “other” needs (code 999) if applicable. *Attach additional pages if necessary:*

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected un-reimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

A. Community Health Services	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Community Health Education	530, 603, 604, 999,	\$8644	\$9750
Community-based Clinical Services	363	\$320	\$450
Health Care Support Services	999	\$2540	\$4780
Other:			

B. Health Professions Education	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Provision of Clinical Settings for Undergraduate Training	999	\$660	\$2600
Intern/Residency Education	999	Undetermined	Undetermined

Scholarships/Funding for Health Professions Ed.	999	\$5097	\$7400
Other:	999	\$550	\$175

C. Subsidized Health Services	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Type of Service Respite Contract Easter Seals	603	\$15,000	\$15,000
Type of Service			
Type of Service			
Type of Service			

D. Research	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Clinical Research			
Community Health Research			
Other:			

E. Financial Contributions	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Cash Donations	999	\$4030	\$3680
Grants			
In-kind Assistance			
Resource Development Assistance			

F. Community Building Activities	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Physical Infrastructure improvement			
Economic Development			
Support Systems Enhancement			
Environmental Improvements			
Leadership Development; Training for Community Members			
Coalition Building			
Community Health Advocacy			
Workforce Enhancement	999	\$3837	\$7700

G. Community Benefit Operations	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Dedicated Staff Costs			
Community Needs/Asset Assessment			
Other Operations			

H. Charity Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Free & Discounted Health Care Services	603, 999		

I. Government-Sponsored Health Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
Medicare Costs exceeding reimbursement	603	\$24,433,590	\$26,000,000
Medicaid Costs exceeding	603	\$13,228,051	\$15,000,000

reimbursement			
Other Publicly-funded health care costs exceeding reimbursement			

Section 5: SUMMARY FINANCIAL MEASURES

Financial Information for Most Recent Fiscal Year	Dollar Amount
Gross Receipts from Operations	\$29,165,825
Net Revenue from Patient Services	\$28,683,440
Total Operating Expenses	\$26,446,806
Net Medicare Revenue	\$ 5,161,759
Medicare Costs	\$28,724,780
Net Medicaid Revenue	\$15,593,977
Medicaid Costs	\$24,952,478
Un-reimbursed Charity Care Expenses	
Un-reimbursed Expenses of Other Community Benefits	
Total Un-reimbursed Community Benefit Expenses	
Leveraged Revenue for Community Benefit Activities	
Total Community Benefits including Leveraged Revenue for Community Benefit Activities	

Section 6 : COMMUNITY ENGAGEMENT in the Community Benefits Process

List of Community Organizations, Local Government Officials, and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.	Identification of Need	Prioritization of Need	Development of the Plan	Commented on Proposed Plan
1. Easter Seals	X	X	X	X
2. ServiceLink	X	X		
3. Area Council on Aging	X	X		X
4. First Baptist Church	X	X		X
5. Generations	X	X		
6. Life Wise Personal Advocates	X	X		X
7. Manchester Housing Authority	X	X		
8. VNA	X	X		
9. Rockingham Ambulance	X	X		
10. Caregivers, Inc.	X	X		

11. Public Forum	X	X		X
12. Resident Forum				

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary):

Our initial community needs assessment, completed in 2003, was updated in April 2006.

Community input was solicited via focus groups and surveys. The needs assessment included comments from members of the public, community organizations and service providers such as Easter Seals, ServiceLink, Manchester Regional Area Council on Aging, First Baptist Church, Generations, Life Wise Personal Advocates, Manchester Housing Authority, VNA, Rockingham Ambulance, and Caregivers Inc.

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	<u>YES</u>	<u>NO</u>	Not Applicable
The valuation of charity does not include any bad debts, receivables or revenue	X		
Written charity care policy available to the public		X	
Any individual can apply for charity care		X	
Any applicant will receive a prompt decision on eligibility and amount of charity care offered		X	
Notice of policy in lobby		X	
Notice of policy in waiting room		X	
Notice of policy in other public areas		X	
Notice given to recipients who are served in their home			X